



## **Mailing Labels and Complete Mailing Services Price Information and Order Form**

**Please complete this order form as well as the attached Mailing Service Agreement Form and be sure to include a copy of the material you wish to mail.**

**Please check the category you want labels for:**

- |   |  |
|---|--|
| <input type="checkbox"/> Active Membership - all member types (4,500)                         | <input type="checkbox"/> Active Physicians (2,400)                   |
| <input type="checkbox"/> Residents and Military Residents (555)                               | <input type="checkbox"/> Emeritus, Honorary, Life, and Retired (455) |
| <input type="checkbox"/> Military Physicians (139)  | <input type="checkbox"/> Students (544)                              |
| <input type="checkbox"/> Specific Specialty (circle them on the attached list)                | <input type="checkbox"/> Specific Zip Codes                          |
| <input type="checkbox"/> BCMS New Member List (please call us to discuss the search criteria) |  |

**Please select which order you would like the labels printed:**

- ☐ Zip Code Order (select this if you are sending bulk mail)  
☐ Alphabetical Order by Last Name  
☐ Alphabetical by Specialty (specialties do not appear on printed labels)

### **COST FOR LABELS (all labels used are white)**

**\*MEMBER RATE**

\$ 0.15 per name/label  
\$ 1.00 per name for BCMS New Member List  
\$75.00 Processing Fee  
Sales Tax on label cost

**NON-MEMBER RATE**

\$ 0.25 per name/label  
\$ 2.00 per name for BCMS New Member List  
\$150.00 Processing Fee  
Sales Tax on label cost

### **COMPLETE MAILING SERVICE (PLEASE CALL IN ADVANCE TO SCHEDULE THIS SERVICE)**

Letters/Postcards will be sent First Class or Bulk Rate. Complete Mailing Service includes: applying labels, stuffing and sealing of one standard insert, applying postage and cartage to the post office. Customer must provide the exact number of envelopes/letters/postcards for the mailing. BCMS no longer does the printing of your message.

**\*MEMBER RATE**

\$0.15 per name/label  
\$200.00 Processing fee (1 insert)  
\$50.00 for each additional insert  
Sales Tax on label cost  
Postage (will be applied to final invoice)

**NON-MEMBER RATE**

\$ 0.25 per name/label  
\$300.00 Processing fee (1 insert)  
\$75.00 for each additional insert  
Sales Tax on label cost  
Postage (will be applied to final invoice)

\*Member Rate = Group practices advertising through BCMS must have 75% membership to receive the Member Rates.

**Turnaround time:** Labels is usually 3-4 working days. Complete Mailings take between 8 to 15 working days to complete.

**Please call the BCMS Membership Department at (210) 301-4371 for additional information.**

**Fax completed forms to (210) 301-2150 or email to [membership@bcms.org](mailto:membership@bcms.org)**

## Bexar County Medical Society Labels/Mailing Service Agreement Form

Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

For complete mailing service please specify **FIRST CLASS** or **BULK RATE**. (Certain conditions apply to send items at Bulk Rate, please call if you have any questions.)

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### Agreement on Utilization of BCMS Membership Mailing Service

WHEREAS, the undersigned has requested the Bexar County Medical Society to release its membership labels to (it)(him)(her)(them) for the purpose of \_\_\_\_\_

and, WHEREAS, the Bexar County Medical Society does not allow its membership labels to be duplicated nor used in any way other than for the purpose listed below. Now, therefore, the undersigned party agrees that the membership labels released it shall be utilized only for the following purpose: \_\_\_\_\_ and that such party to this agreement shall instruct all employees, agents, or other persons having access to such labels to consider the labels confidential and that violations of this agreement and understanding may result in appropriate sanctions being imposed against any party violating this agreement by the Bexar County Medical Society.

**Please read and sign below:** All unsigned and incomplete requests (including those without a sample of material to be mailed) will be returned. BCMS reviews each request and reserves the right to return material it deems inappropriate or unethical. BCMS keeps its member database as up-to-date as possible. **BCMS is not responsible for incorrect addresses.** Customer is responsible for payment of labels, processing fee and postage costs.

I understand, as purchaser, that the labels are for one time use only for the purpose described in the attached copy. The mailing labels shall not be reproduced, stored in a retrievable system, or transmitted in any form by any means, electronic, mechanical, photocopying, or recording.

Please complete, sign and return this form. Your list will be generated once the request is received and approved. For your convenience, you may enter your credit card information on the bottom of this page and fax this to us at (210) 301-2150.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Print Purchaser's Name

Approved / Disapproved

\_\_\_\_\_  
BCMS Representative

\_\_\_\_\_  
Date

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Please charge my credit card: \_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ American Express

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Billing Address Zip Code